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USADATE: July 25, 2005

## TO:

Name: Examiner S.A. Jiang, USPTOFax No.: 571-273-8300Art Unit 1617

## FROM:

Name: J. Daniels, Ambler, PAFax No.: 215-628-1345NUMBER OF PAGES 22 INCLUDING THIS COVER PAGE.We are transmitting from facsimile machine 215-628-1345.If you do not receive all the pages indicated above, please call Marlene Capreri at 215-628-1016  
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## Re:

Serial No. 09/554,387 filed June 29, 2000  
Attorney's Docket H 3185 PCT/US

- Amendment (19 pages)
- Request for Extension of Time (1 page)
- Fee Transmittal (1 page)

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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Effective on 12/08/2004 Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete if Known</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/554,387
		Filing Date	June 29, 2000
		First Named Inventor	Bernd Fabry
		Examiner Name	S.A. Jiang
		Art Unit	1817
<b>TOTAL AMOUNT OF PAYMENT (\$)</b> 100.00		Attorney Docket No.	H 3185 PCT/US

## METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

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## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility - Natl. Stage	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	600	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

## 2. EXCESS CLAIM FEES

Fee Description	Small Entity	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
22	2	50	100	_____	_____	0
HP = highest number of total claims paid for, if greater than 20						
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>			
2	0	200	0			
HP = highest number of total claims paid for, if greater than 3						

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
0	0	0	250	0

## 4. OTHER FEE(S)

Non-English Specification. \$130 fee (no small entity)

Other: \_\_\_\_\_

<b>SUBMITTED BY</b>			
Signature	<i>John F. Daniels</i>	Registration No.	34,314
		(Attorney/Agent)	
Name (Print/Type)	John F. Daniels	Telephone	215-628-1413
		Date	July 25, 2005

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